

PAYROLL CONTROL NO.
DATE
SF 2812

19 through 19

Indicate Fiscal Year

F.Y.	COST CENTER	101	105	107	108	109
F.U.	COST CENTER	101	105	107	108	109

PREPARED BY

APPROVED

PREPARED AND RECORDED IN FISCAL ACCOUNTING BRANCH BY

DATE _____

TAX: CIA OR [REDACTED]
 HEALTH PLAN: OERA OTHER
 STATE:

TO : CHIEF, ACCOUNTING BRANCH
 FROM : CHIEF, PAYROLL BRANCH
 SUBJECT: CHECK TO BE CANCELLED

PAYROLL CONTROL NO.

DATE

PLEASE cancel attached check No. Issued to
 for the period to . The check is being cancelled because

EMPLOYEE										EMPLOYER			
313	310	310.6	310.1	310.4	314.5	312				310.6	310.1	310.4	312
Gross	State	Fed Tax	FICA	Ret.	Ins. Group	Bonds	Health	Other	Net	FICA	Ret.	Ins Gr.	Health

COST CENTER 101 105 107 108 109
 Schedule SF 3512 Date Paid

FD Employee Number

Prepared by

APPROVED

1089 Number

Prepared and recorded in Fiscal Accounting Branch by DATE